

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Aug</i>		<i>5/20/01</i>
O.I.P.E. CLASSIFIER		<i>21</i>	<i>1/12/01</i>
FORMALITY REVIEW	<i>H.T.</i>	<i>1117</i>	<i>10/13/01</i>
RESPONSE FORMALITY REVIEW	<i>CC</i>	<i>1114</i>	<i>01-09-02</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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937-01  
10-16-01  
851  
01/09/02